

County: Manitowoc
 NORTH RIDGE MEDICAL/REHAB CENTER
 1445 NORTH 7TH STREET

Facility ID: 3370

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MANITOWOC 54220 Phone: (920) 682-0314

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/00): 120

Total Licensed Bed Capacity (12/31/00): 127

Number of Residents on 12/31/00: 111

Ownership:

Highest Level License:

Operate in Conjunction with CBRF? No

Title 18 (Medicare) Certified? Yes

Average Daily Census:

Corporation

Skilled

103

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/00)				Length of Stay (12/31/00)		%
-----	-----	-----	-----	-----	-----	-----	-----	-----
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		54.1
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		31.5
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.9	More Than 4 Years		14.4
Day Services	No	Mental Illness (Org./Psy)	2.7	65 - 74	12.6			-----
Respite Care	No	Mental Illness (Other)	1.8	75 - 84	45.9			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.9	85 - 94	31.5	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2.7	95 & Over	9.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.9		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	14.4		100.0	(12/31/00)		
Other Meals	No	Cardiovascular	14.4	65 & Over	99.1	-----		
Transportation	No	Cerebrovascular	15.3	-----	-----	RNs		8.6
Referral Service	No	Diabetes	6.3	Sex	%	LPNs		4.0
Other Services	Yes	Respiratory	12.6	-----	-----	Nursing Assistants		
Provide Day Programming for		Other Medical Conditions	27.9	Male	31.5	Aides & Orderlies		
Mentally Ill	No	-----	-----	Female	68.5			
Provide Day Programming for			100.0	-----	-----			
Developmentally Disabled	Yes				100.0			

Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Managed Care			Percent Of All Residents	
	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem		Total
			Rate			Rate			Rate			Rate			Rate		
Int. Skilled Care	0	0.0	\$0.00	2	2.8	\$115.52	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	2	1.8%
Skilled Care	21	100.0	\$254.33	65	90.3	\$98.41	0	0.0	\$0.00	17	100.0	\$124.71	1	100.0	\$380.00	104	93.7%
Intermediate	---	---	---	4	5.6	\$81.29	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	4	3.6%
Limited Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Disabled	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj.	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependent	0	0.0	\$0.00	1	1.4	\$234.48	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	0.9%
Total	21	100.0		72	100.0		0	0.0		17	100.0		1	100.0		111	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00				
				% Needing Assistance of	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	% Independent	One Or Two Staff		
Private Home/No Home Health	0.0	Daily Living (ADL)				
Private Home/With Home Health	5.6	Bathing	18.0	66.7	15.3	111
Other Nursing Homes	0.6	Dressing	17.1	66.7	16.2	111
Acute Care Hospitals	93.3	Transferring	18.0	65.8	16.2	111
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	18.0	68.5	13.5	111
Rehabilitation Hospitals	0.0	Eating	65.8	26.1	8.1	111
Other Locations	0.6	*****				
Total Number of Admissions	179	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter		4.5	Receiving Respiratory Care	0.9
Private Home/No Home Health	0.0	Occ/Freq. Incontinent of Bladder	65.8		Receiving Tracheostomy Care	0.9
Private Home/With Home Health	26.2	Occ/Freq. Incontinent of Bowel	47.7		Receiving Suctioning	0.9
Other Nursing Homes	3.3				Receiving Ostomy Care	0.9
Acute Care Hospitals	47.0	Mobility			Receiving Tube Feeding	0.0
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained		2.7	Receiving Mechanically Altered Diets	27.9
Rehabilitation Hospitals	0.0					
Other Locations	4.9	Skin Care			Other Resident Characteristics	
Deaths	18.6	With Pressure Sores		1.8	Have Advance Directives	88.3
Total Number of Discharges		With Rashes		0.9	Medications	
(Including Deaths)	183				Receiving Psychoactive Drugs	45.9

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	Ownership:			Bed Size:		Licensure:		All	
	Proprietary			100- 199		Skilled		Facilities	
	This Facility	Peer Group	Ratio	Peer Group	Ratio	Peer Group	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	81.1	83.7	0.97	86.4	0.94	87.0	0.93	84.5	0.96
Current Residents from In-County	95.5	75.1	1.27	79.8	1.20	69.3	1.38	77.5	1.23
Admissions from In-County, Still Residing	32.4	18.7	1.73	23.8	1.36	22.3	1.45	21.5	1.51
Admissions/Average Daily Census	173.8	152.8	1.14	109.7	1.58	104.1	1.67	124.3	1.40
Discharges/Average Daily Census	177.7	154.5	1.15	112.2	1.58	105.4	1.69	126.1	1.41
Discharges To Private Residence/Average Daily Census	46.6	59.1	0.79	40.9	1.14	37.2	1.25	49.9	0.93
Residents Receiving Skilled Care	95.5	90.6	1.05	90.3	1.06	87.6	1.09	83.3	1.15
Residents Aged 65 and Older	99.1	95.0	1.04	93.9	1.06	93.4	1.06	87.7	1.13
Title 19 (Medicaid) Funded Residents	64.9	65.4	0.99	68.7	0.94	70.7	0.92	69.0	0.94
Private Pay Funded Residents	15.3	23.2	0.66	23.2	0.66	22.1	0.69	22.6	0.68
Developmentally Disabled Residents	0.0	0.8	0.00	0.8	0.00	0.7	0.00	7.6	0.00
Mentally Ill Residents	4.5	31.4	0.14	37.6	0.12	37.4	0.12	33.3	0.14
General Medical Service Residents	27.9	23.2	1.20	22.2	1.26	21.1	1.32	18.4	1.52
Impaired ADL (Mean)	43.4	48.9	0.89	49.5	0.88	47.0	0.92	49.4	0.88
Psychological Problems	45.9	44.1	1.04	47.0	0.98	49.6	0.93	50.1	0.92
Nursing Care Required (Mean)	4.3	6.5	0.65	7.2	0.59	7.0	0.61	7.2	0.60